

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	X	X				
2						
3	X	X				
4						
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7	X	X				
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TOTAL IND.	9					
TOTAL DEP.	3					
TOTAL CLAIMS	12					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						